

FILED FEB 27 1942

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Anthony Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 Years.**
(Specify whether years, months or days)
In this community

3. (a) PRINT **BEATRICE ZICHA**
FULL NAME

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
7. Birth date of deceased **1887**
(Month) (Day) (Year)

8. AGE: Years **About 55** Months Days If less than one day hr. min.

9. Birthplace **Bohemia**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**
11. Industry or business **House Wife**

12. Name **William Kutina**
13. Birthplace **Bohemia**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Bohemia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Zicha**
(b) Address **3728 Fairveiw**

17. (a) **Burial** (b) Date thereof **Jan 16th/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUNSET BURIAL PARK**
Phos Kutina & Son

18. (a) Signature of funeral director **J. T. Budick**
(b) Address **12906 Gravois Ave.**

19. **JAN 15 1942**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **16**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3728 Fairview**
(If rural, give location)
(e) Citizen of foreign country? **Bohemia** (Yes or No)
40 Years.
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **13**
year **1942** hour **9 00** A.M. M.

21. I hereby certify that I attended the deceased from **Feb 10-1942**
to **Jan 13 1942**
that I last saw him alive on **Jan 13 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolism** Duration **1 day**

Due to **Hypertrophy of Heart**
Endocarditis of Mitral

Due to **Aortic Regurgitation**
Nephritis Glomerular 1939

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation **none**

Of autopsy **none** PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **no**

(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) (e) Means of injury **D.M.S**

23. Signature **Frank Zicha** (M. D. or other) **D.M.S**
Address **2767 Gravois Ave.** Date signed **1-14-42**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

David M. Van Fossen, Registered Apprentice No. *280*.
working under my personal supervision.

Signed

David M. Van Fossen

Licensed Embalmer No. *1619*

P. O. Address

2906 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.